



WID or SSN
DATE(S) OF CLAIMED INJURY

Minnesota Department of Labor and Industry
Workers' Compensation Division
PO Box 64218
St. Paul, MN 55164-0218
(651) 284-5030
1-800-342-5354 (DIAL-DLI)



DO NOT USE THIS SPACE

EMPLOYEE	VS.
EMPLOYER	AND
INSURER	AND

Notice of Appearance of Attorney for Employee

PRINT IN INK or TYPE.
Enter dates in MM/DD/YYYY format.

TO THE WORKERS' COMPENSATION DIVISION AND THE ABOVE NAMED INSURER:

ATTORNEY NAME	ATTORNEY REGISTRATION #	
ADDRESS	PHONE # (include area code)	
CITY	STATE	ZIP CODE

I have retained the services of the above-named attorney to represent my interests in the above-entitled matter. I hereby authorize the Workers' Compensation Division to release to said attorney any information the attorney may request regarding this injury. It is requested that you make service of all legal documents, notices, etc., upon said attorney.

DATE	EMPLOYEE SIGNATURE
------	--------------------

This notice supercedes any and all prior notices of appearance. A copy of the retainer agreement must accompany this notice of appearance.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call (651) 284-5030 or 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

ANY PERSON WHO, WITH INTENT TO DEFRAUD, RECEIVES WORKERS' COMPENSATION BENEFITS TO WHICH THE PERSON IS NOT ENTITLED BY KNOWINGLY MISREPRESENTING, MISSTATING, OR FAILING TO DISCLOSE ANY MATERIAL FACT IS GUILTY OF THEFT AND SHALL BE SENTENCED PURSUANT TO SECTION 609.52, SUBDIVISION 3.